

**THIRD ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

COLUMBIA CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted July 17-19, 2018

CMA STAFF

Jane Holmes-Cain, LCSW
Lynne Babchuck, LCSW

Distributed on January 15, 2020

I. Overview

On July 17-19, 2018, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Columbia Correctional Institution (COLCI). The survey report was distributed on August 16, 2018. In September 2018, COLCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the COLCI survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days.

Summary of CAP Assessments for Columbia Correctional Institution

Cap #	Request Date for Monitoring Documents	Cap Assessment Date	On-site or Off-site	Total # of Survey Findings	Total # of Open Findings	Total # of Closed Findings
1	2/14/19	3/28/19 – 3/29/19	On-site	98	30	68
2	7/26/19	9/20/19	On-site	30	12	18
3	11/19/19	1/10/20	On-site	12	5	7

II. Physical Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that the remaining physical health finding was corrected. All physical health findings are closed.

Finding	Closed	Open: Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
Consultations PH-13: In 3 of 15 applicable records, there was no evidence that follow-up appointments were completed.	X					

B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that 3 of the 3 physical health findings were corrected. All physical health findings are closed.

Finding	Closed	Open: Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Gastrointestinal Clinic</u> PH-6: In 2 of 4 applicable records, there was no evidence that inmates with known or suspected cirrhosis were screened for hepatocellular cancer annually.</p>	X					
<p><u>Consultations</u> PH-16: In 4 of 10 applicable records, the consultant's treatment recommendations were not incorporated into the treatment plan.</p>	X					
<p><u>Consultations</u> PH-17: In 3 of 8 applicable records, there was no evidence of follow-up diagnostic testing.</p>	X					

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 7 mental health findings were corrected. Five mental health findings will remain open.

Finding	Closed	Open: Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Use of Force</u> MH-3: In 1 of 4 applicable records (7 reviewed), there was no follow-up care when indicated.</p>	X					
<p><u>Outpatient Mental Health Services</u> MH-12: In 7 records, the ISP was not signed by all relevant parties.</p>		X				
<p><u>Outpatient Mental Health Services</u> MH-14: In 7 records, the inmate did not receive the interventions as listed on the ISP.</p>		X				
<p><u>Psychotropic Medication Practices</u> MH-16: In 15 records, the inmate did not receive medication as prescribed.</p>	X					

Finding	Closed	Open: Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Psychotropic Medication Practices</u> MH-19: In 1 of 1 applicable record, the rationale for Emergency Treatment Order (ETO) was not clearly documented.</p>			X			
<p><u>Psychotropic Medication Practices</u> MH-20: In 1 of 1 applicable record, an order for medications without inmate consent was not documented as an ETO.</p>			X			
<p><u>Psychotropic Medication Practices</u> MH-21: In 1 of 1 applicable record, there was no documentation that the ETO was administered in the least restrictive manner.</p>			X			

B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that the remaining mental health finding was corrected. All mental health findings are closed.

Finding	Closed	Open: Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Self-harm Observation Status</u> MH-4: In 1 record, the inmate was not observed at the frequency ordered by the clinician.</p>	X					

IV. Conclusion

Physical Health-Main Unit

All physical health findings will close.

Physical Health-Annex Unit

All physical health findings will close.

Mental Health-Main Unit

The following mental health findings will close: MH-3 and MH-16. All other mental health findings will remain open.

Mental Health-Annex Unit

All mental health findings will close.

Until appropriate corrective actions are undertaken by COLCI staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an on-site evaluation.